

Appendix F.

Summary Report Forms

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➤ **Summary Reports**

During certification testing, the Electronic Participant is required to provide the BOE a completed copy of the appropriate summary report for each file submission. Supporting schedules will generally not be required to be submitted with the summary report. The summary report will be used to verify the electronic data transmitted.

After transmitting test data via the Internet to the BOE, complete and e-mail or fax the appropriate summary report to the BOE's Fuel Taxes Division.

Fax the completed summary reports to:

State Board of Equalization
Fuel Taxes Division MIC: 30
Summary Report for Electronic Test Data
Fax: (916) 323-9352

- or -

E-mail the completed summary reports to:

Efile@boe.ca.gov
Subject Line: FTD E-Filing Motor Fuel Summary Report

General Information For All Summary Reports:

When completing a summary report the Electronic Participant must enter the following information:

- Company name.
- BOE Account Number. A summary report must be completed for each account number assigned to the filer. This account number must match the account number recorded in the E-file being tested.
- The testing stage number the Electronic Participant is currently participating in (2 or 3) and the number of the filing attempt for the stage being tested.
- Contact name, telephone number, fax number, e-mail address, and the date of the E-filing.

Supplier Summary Report (SDR)

Summary Report # 1 is divided into the following three columns: schedule code, number of transactions, and total billed gallons. To complete this form the filer must enter the total number of transactions and the total billed gallons in the appropriate column by the schedules listed in the first column of the summary report.

Terminal Operator Summary Report (TOR)

This summary report is divided into the following four sections: product code, ending inventory, terminal receipts, and terminal disbursements. To complete this form the filer must enter the net gallons of the physical ending inventory by product code. In addition, the filer must enter the total number of transactions and the total net gallons for both terminal receipts and terminal disbursements for each product code reported in the E-filing.

Vessel/Pipeline Operator Summary Report (CCR)

This summary report is divided into the following three columns: product code, number of transactions, and total net gallons. To complete this form the filer must enter the number of transactions and the total net gallons by product code reported in the E-filing.

Exempt Bus Operator Diesel Fuel (DBR)

This summary report is divided into the following three columns: schedule code, number of transactions, and total billed gallons. To complete this form the filer must enter the total number of transactions and the total billed gallons in the appropriate column by the line item or schedule listed in the first column of the summary report. Where lines of the tax form are identified, only the total billed gallons is required.

Claim for Refund on Nontaxable Sales and Exports of Diesel Fuel (DZC)

This summary report is divided into the following three columns: schedule code, number of transactions, and total billed gallons. To complete this form the filer must enter the total number of transactions and the total billed gallons in the appropriate column by the schedule listed in the first column of the summary report.

Diesel Fuel Ultimate Vendor Report (DVM/DVW)

This summary report is divided into the following three columns: schedule code, number of transactions, and total billed gallons. To complete this form the filer must enter the total number of transactions and the total billed gallons in the appropriate column by the line item or schedule listed in the first column of the summary report. Where lines of the tax form are identified, only the total billed gallons is required.

Diesel Fuel Claim for Refund on Nontaxable Uses (DUC)

This summary report is divided into the following three columns: schedule code, number of transactions, and total billed gallons. To complete this form the filer must enter the total number of transactions and the total billed gallons in the appropriate column by the line item or schedule listed in the first column of the summary report. Where lines of the tax form are identified, only the total billed gallons is required.

➤ **SUPPLIER (SDR) SUMMARY REPORT**

Name of Company Submitting Summary Report:		Account or ID Number:	Testing Stage	
			Stage Number:	Filing Number:
Schedule Code	Supplier			
	Number of Transactions	Total Billed Gallons		
3A				
3X				
5				
5V				
5W				
6F				
7				
7D				
7F				
8				
10C				
10I				
10Y				
10Z				
10AB				
13A				
13B				
13C				
13D				
13E				
13F				
13G				
S02A				
S03A				
S04				
S05I				

Contact Name:	Phone Number: ()	FAX Number: ()
E-mail Address:		Date:

➤ **TERMINAL OPERATOR (TOR) SUMMARY REPORT**

Name of Company Submitting Summary Report:				Account or ID Number:		Testing Stage	
						Stage Number:	Filing Number:
Product Code	Net Physical Ending Inventory	Terminal Receipts (TR)		Terminal Disbursements (TD)			
		Number of Transactions	Total Net Gallons	Number of Transactions	Total Net Gallons		
052							
054							
055							
058							
059							
065							
071							
073							
074							
075							
076							
077							
078							
079							
090							
091							
092							
093							
100							
121							
122							
123							
124							
125							
126							
130							
139							
140							
141							
145							
147							

➤ **TERMINAL OPERATOR (TOR) SUMMARY REPORT**

Name of Company Submitting Summary Report:			Account or ID Number:		Testing Stage	
					Stage Number:	Filing Number:
Product Code	Net Physical Ending Inventory	Terminal Receipts (TR)		Terminal Disbursements (TD)		
		Number of Transactions	Total Net Gallons	Number of Transactions	Total Net Gallons	
150						
153						
154						
161						
167						
168						
196						
198						
199						
223						
224						
225						
226						
227						
228						
231						
241						
243						
248						
249						
265						
279						
280						
281						
282						
283						
284						
285						

Contact Name:	Phone Number: ()	FAX Number: ()
E-mail Address:		Date:

➤ VESSEL/PIPELINE OPERATOR (CCR) SUMMARY REPORT

Name of Company Submitting Summary Report:		Account or ID Number:	Testing Stage	
			Stage Number:	Filing Number:
Product Code	Product Transported (PD)			
	Number of Transactions		Total Net Gallons	
052				
054				
055				
058				
059				
065				
071				
073				
074				
075				
076				
077				
078				
079				
090				
091				
092				
093				
100				
121				
122				
123				
124				
125				
126				
130				
139				
140				
141				
145				

➤ VESSEL/PIPELINE OPERATOR (CCR) SUMMARY REPORT

Name of Company Submitting Summary Report:		Account or ID Number:	Testing Stage	
			Stage Number:	Filing Number:
Product Code	Product Transported (PD)			
	Number of Transactions	Total Net Gallons		
147				
150				
153				
154				
161				
167				
168				
196				
198				
199				
223				
224				
225				
226				
227				
228				
231				
241				
243				
248				
249				
265				
279				
280				
281				
282				
283				
284				
285				

Contact Name:	Phone Number: ()	FAX Number: ()
E-mail Address:		Date:

➤ EXEMPT BUS OPERATOR (DBR) SUMMARY REPORT

Name of Company Submitting Summary Report:	Account or ID Number:	Testing Stage	
		Stage Number:	Filing Number:

Schedule Code	Exempt Bus Operator	
	Number of Transactions	Total Billed Gallons
Line 3		
Line 4		
Line 7		
2		

Contact Name:	Phone Number: ()	FAX Number: ()
E-mail Address:		Date:

➤ **ULTIMATE VENDOR (DVM/DVW) SUMMARY REPORT**

Name of Company Submitting Summary Report:		Account or ID Number:	Testing Stage	
			Stage Number:	Filing Number:
Schedule Code	Ultimate Vendor			
	Number of Transactions	Total Billed Gallons		
Line 8 (from DVW)				
1A				
2A				
13A				
13C				
13D				
13E				
13G				
Contact Name:		Phone Number: ()	FAX Number: ()	
E-mail Address:			Date:	

**➤ CLAIM FOR REFUND ON NONTAXABLE SALES AND EXPORTS (DZC)
SUMMARY REPORT**

Name of Company Submitting Summary Report:		Account or ID Number:	Testing Stage	
			Stage Number:	Filing Number:
Schedule Code	Claim For Refund On Nontaxable Sales And Exports			
	Number of Transactions	Total Billed Gallons		
1A				
2A				
13A				
13C				
13G				
Contact Name:		Phone Number:	FAX Number:	
		()	()	
E-mail Address:			Date:	

➤ **CLAIM FOR REFUND ON NONTAXABLE USES (DUC) SUMMARY REPORT**

Name of Company Submitting Summary Report:		Account or ID Number:		Testing Stage	
				Stage Number:	Filing Number:
Schedule Code	Claim For Refund On Nontaxable Uses				
	Number of Transactions	Total Billed Gallons			
Line 3					
Line 4					
Line 5					
Line 6					
Line 7					
Line 8					
Line 9					
Line 10					
1A					
2A					

Contact Name:	Phone Number: ()	FAX Number: ()
E-mail Address:		Date:

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